

(This form is to be used with the OSD Senior Executive Service Handbook, Chapter 11)

PREVIOUS EDITION IS OBSOLETE.

f. OTHER RELEVANT QUALITATIVE FACTORS *(If in written policy)*

The following recommendations/determinations are based on an assessment of the career appointee's overall performance during the recertification period in relation to the Standard for Recertification required by law, regulation and OSD and Defense Agency written procedures; preceding recommendations and justifications; and appointee's attachments.

7. SUPERVISOR'S RECOMMENDATION *(X as applicable)*

<input type="checkbox"/>	a. RECERTIFY	<input type="checkbox"/>	b. CONDITIONALLY RECERTIFY	Lower Pay:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	c. NOT RECERTIFY
<input type="checkbox"/>	d. IF APPROPRIATE: JUSTIFICATION ATTACHED									
e. SIGNATURE									f. DATE (YYYYMMDD)	

8. CAREER APPOINTEE'S ACKNOWLEDGEMENT. I RECEIVED A COPY OF MY SUPERVISOR'S RECOMMENDATION. *(X as applicable)*

a.	<input type="checkbox"/>	I DO	<input type="checkbox"/>	DO NOT	WANT A SECOND-LEVEL REVIEW.					
b.	<input type="checkbox"/>	I DO	<input type="checkbox"/>	DO NOT	WISH TO SUBMIT A STATEMENT.					
c. IF STATEMENT WAS MADE, IS IT ATTACHED?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
d. SIGNATURE									e. DATE (YYYYMMDD)	

9. REVIEWING OFFICIAL'S RECOMMENDATION *(X as applicable)*
(If the reviewing official is the same person as in Item 7, do not complete Item 9.)

<input type="checkbox"/>	a. RECERTIFY	<input type="checkbox"/>	b. CONDITIONALLY RECERTIFY	Lower Pay:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	c. NOT RECERTIFY
IF APPROPRIATE:		<input type="checkbox"/>	d. JUSTIFICATION ATTACHED			<input type="checkbox"/>	e. APPOINTEE RESPONSE ATTACHED			
f. SIGNATURE									g. DATE (YYYYMMDD)	

10. PERFORMANCE REVIEW BOARD RECOMMENDATION *(X as applicable)*

<input type="checkbox"/>	a. RECERTIFY	<input type="checkbox"/>	b. CONDITIONALLY RECERTIFY	Lower Pay:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	c. NOT RECERTIFY
IF APPROPRIATE:		<input type="checkbox"/>	d. JUSTIFICATION ATTACHED			<input type="checkbox"/>	e. APPOINTEE RESPONSE ATTACHED			

(Signature and date will be on cover memorandum.)

11. DECIDING OFFICIAL'S DETERMINATION *(X as applicable)*

<input type="checkbox"/>	a. RECERTIFY	<input type="checkbox"/>	b. CONDITIONALLY RECERTIFY	Lower Pay:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	c. NOT RECERTIFY
<input type="checkbox"/>	d. IF APPROPRIATE: JUSTIFICATION ATTACHED									
e. SIGNATURE									f. DATE (YYYYMMDD)	